

**EMERGENCY MUNICIPAL SERVICES TAX (EMS)
CITY AND SCHOOL DISTRICT OF READING PA
EMPLOYEE CREDIT FORM- Form EE**

Employee Name	Employee Address	Social Security #
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Employer Submitting Request	Employer Address	City Account #
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Employer Receiving Prior Payment	Employer Address	City Acc't # (if applicable)
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I, the above named employee, have paid my OPT/EMS tax due the City of Reading through another employer and have a Receipt issued by the tax collector verifying that payment was made on: _____.
(date)

By completing and signing this certificate my Employer may apply this credit towards the \$52.00 EMS tax due the City.

Signature of Employee	Date
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Note: This copy to be sent to the TAX ADMINISTRATION DIVISION along with a photocopy of the proof-of-payment.

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